

**Mail to:**

Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

www.hazardouswaste.utah.gov

**SOLID WASTE LANDSPREADING FACILITY ANNUAL REPORT**

For Calendar year 2007 or most recent fiscal year

**Administrative Information** (Please enter all the information requested below - type or print legibly)

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

**Owner**

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

**Operator** (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

**Facility Status**

☐ Currently in Operation

☐ Closed - Date: \_\_\_\_\_

(The "Closed - Date" is the date that all compost was removed from the site)

**Annual Totals**

Tons of waste spread in reporting period: \_\_\_\_\_

☐ Tons or ☐ Cubic yards:

Has facility operated according to approved plan of operation ☐ Yes ☐ No

If no please contact the solid waste section at 801-538-6170

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_